



Child and Adolescent Mental Health Division

Support for Emotional and Behavioral Development (SEBD)

Referral Process

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6 July 2005

Support for Emotional and Behavioral Development (SEBD)

Fact Sheet

WHAT IS SEBD Program?

SEBD is an acronym for the Department of Health's (DOH) Child and Adolescent Mental Health Divisions (CAMHD) Support for Emotional and Behavioral Development program.

Formerly known as SED Serious Emotional Disturbance or SEBD Serious Emotional Behavioral Disturbance, CAMHD's SEBD program provides an array of services needed by families to support children and youth with the high-end intensive mental health support.

WHO CAN BE REFERRED?

Children/youth ages 3 through 20
AND
Hawaii Medicaid QUEST or Fee-For-Service (FFS) eligible

WHO CAN MAKE A REFERRAL?

Parents, legal guardians, DOE, DHS, FC, QUEST Plan, DOH, AG, Private Provider or others who submit a referral to ask for help in getting services.

WHAT ARE THE ELIGIBILITY REQUIREMENTS?

Child and Adolescent Functional Assessment Scale (CAFAS) score 80 or above
AND
Eligible DSM-IV Axis I diagnosis

WHAT ARE THE BENEFITS?

A child/youth determined to be SEBD eligible is able to receive appropriate individualized CAMHD intensive mental health services.

CRITERIA for determination of eligibility for CAMHD Support for Emotional and Behavioral Development (SEBD)

I. CRITERIA

Children and youth with serious emotional disturbance are individuals who have a Child and Adolescent Functional Assessment Scale (CAFAS) score of 80 or above and currently, or at anytime during the past year, have had a primary DSM-IV Axis I diagnosis.

II. EXCLUDED DIAGNOSES

If the diagnoses listed below are the only DSM-IV diagnoses, the child is ineligible for SEBD services. These diagnoses, however, may and often do co-exist with other DSM-IV diagnoses, which make the youth eligible for SEBD services.

Mental Retardation

- 317 Mild Mental Retardation
- 318.0 Moderate Mental Retardation
- 318.1 Severe Mental Retardation
- 318.2 Profound Mental Retardation
- 319 Mental Retardation, Severity Unspecified

Learning Disorders

- 315.0 Reading Disorder
- 315.1 Mathematics Disorder
- 315.2 Disorder of Written Expression
- 315.9 Learning Disorder NOS

Motor Skills Disorder

- 315.3 Developmental Coordination Disorder

Communication Disorders

- 315.31 Expressive Language Disorder
- 315.32 Mixed Receptive-Expressive Language Disorder
- 315.39 Phonological Disorder
- 307.0 Stuttering
- 307.9 Communication Disorder NOS

Pervasive Developmental Disorders

- 299.0 Autistic Disorder
- 299.80 Rett's Disorder
- 299.10 Childhood Disintegrative Disorder
- 299.80 Asperger's Disorder
- 299.80 Pervasive Developmental Disorder NOS

Substance Abuse Disorders

Mental Disorders Due to a General Medical Condition

III. **PROVISIONALLY QUALIFIED**

Children and youth provisionally qualified as SEBD are defined as those:

- Who have a substance abuse condition and are suspected to suffer from a qualifying condition due to their symptoms and functional limitations. These children and youth have ongoing and recent substance abuse, which prevents the clinician from making a definitive qualifying diagnosis.
- Cases in which the impairment is profound and short-term.
- Whose degrees of impairment falls mainly within the emotional/self-harm domains that show strong evidence of serious disturbance.

How is a child/youth referred for SEBD services?

1. The referral source makes an informal evaluation that the child/youth may be eligible for SEBD program base on the child/youth's clinical information.
2. The referral source is responsible for completing the SEBD program referral which includes the:
 - a) SEBD Referral Form;
 - b) Parent/guardian signature; and
 - c) All available supporting documents.

It is recommended that the referral source submit all the documents/information listed on the Referral Form to expedite the determination process.

If the referral source is the QUEST Health Plan, the Health Plan Medical director must review the referral packet and sign the SEBD Referral Form.

Referral for an inpatient child/youth should be submitted at least two working days before the anticipated discharge.

3. The referral source signs the SEBD Referral Form and mails or faxes the SEBD referral packet to the CAMHD Family Guidance Center (FGC) in the child/youth's home district or to the CAMHD Quest Plan Assistant.

If the CAMHD Quest Plan Assistant receives an SEBD program referral packet, it will be forwarded to the appropriate FGC.

4. The FGC SEBD Intake Coordinator will:
 - a) Review the packet for completeness and verify whether the referral is a recipient of Medicaid QUEST or FFS programs;
 - b) Link with referral source to acknowledge the receipt of the referral and its status;
 - c) Link with the parent/guardian to confirm their consent for SEBD determination;
 - d) Opens an active case for SEBD determination;
 - e) If the referral is incomplete, obtain missing information or conduct behavioral assessments to complete the referral;
5. Completed referral packets are forwarded to the FGC Clinical Director and the CAMHD Medical Director for review, recommendation, and signature on the SEBD eligibility determination;

The SEBD determination process involves a review of the information submitted for clinical appropriateness based on the Criteria for Determination of SEBD Eligibility. The determination process takes between seven (7) to thirty (30) working days at most from the receipt date of the completed SEBD referral packet at the FGC.

For those youth who do not strictly meet or exceed the Criteria for Determination, a status of Provisional eligibility can be specified. Provisional status is specified for those clients in transition to lower-end services or those whose clinical information suggest a severe or escalating problem without intensive intervention.

6. If the child/youth is determined eligible for SEBD services, the child/youth is assigned to a Care Coordinator who will:
 - a) Notify the parent/guardian of the SEBD determination status and arrange to obtain consent from the parent/guardian for the child/youth's SEBD treatment in accordance with the Consumer Rights Handbook and informs them of periodic reviews;
 - b) *Notify the Primary Care Physician of the SEBD status for Quest clients;* and
 - c) Arrange for the Coordinated Service Plan and all mental health services for the youth and family.
7. If the child/youth SEBD determination status is **not** eligible for the SEBD program the FGC SEBD Intake Coordinator will:
 - a) Notify the parent/guardian of the SEBD determination status and inform them of the reconsideration process if they disagree with the decision; and
 - b) Discharge the child/youth from CAMHD.
8. If the parent/guardian does not agree with the SEBD decision, the parent/referral source may submit another SEBD referral for reconsideration:
 - a) The parent/referral source must submit a new SEBD referral packet to the FGC within 15 working days from the date of notification of the SEBD program denial;
 - b) The FGC SEBD Intake Coordinator will process the referral as usual, except it will not be forwarded to the FGC Clinical Director, as he/she cannot review an SEBD reconsideration referral. Additionally, the FGC SEBD Intake Coordinator will attach the original SEBD Referral Form before forwarding to the Quest Plan Assistant;
 - c) The CAMHD QUEST Plan Assistant will forward the SEBD reconsideration packet to an SEBD Review Panel. The SEBD Review Panel consists of two FGC Clinical Directors who were not involved in the original SEBD determination. The Panel will review and recommend the SEBD reconsideration eligibility status. A decision on the reconsideration is rendered between seven (7) to thirty (30) working days at most after the receipt of the completed SEBD reconsideration referral packet to the FGC;
 - d) The Quest Plan Assistant will process the SEBD reconsideration referral as usual to the FGC who will proceed accordingly (see steps 6 and 7 above).

Who do you contact if you have questions?

For question about SEBD eligibility criteria (i.e. eligible DSM-IV diagnosis, CAFAS), array of CAMHD intensive mental health services, SEBD decision or help completing an SEBD referral packet, you can contact the Family Guidance Center **QUEST Specialist** in your district; or CAMHD Central Office at the following numbers:

CAMHD QUEST Plan Assistant at Phone: 733-9815 Fax: 733-8375

Mailing address: State of Hawaii
Child and Adolescent Mental Health Division
Attn: QUEST Plan Assistant
3627 Kilauea Ave., Rm 101
Honolulu, HI 96816

Central Oahu Family Guidance Center

860 Fourth St, 2nd Floor
Pearl City, HI 96782
Phone: 453-5900 Fax: 453-5940

Honolulu (Kalihi-Palama & Diamond Head) Family Guidance Center

3627 Kilauea Ave, Room 401
Honolulu, HI 96816
Phone: 733-9393 Fax No. 733-9377

Leeward Oahu Family Guidance Center

601 Kamokila Blvd, Room 355
Kapolei, HI 96707
Phone: 692-7700 Fax No. 692-7712

Windward Oahu Family Guidance Center

45-691 Keaahala Rd
Kaneohe, HI 96744
Phone: 233-3770 Fax No. 233-5659

Hawaii (Big Island) Family Guidance Center

65-1230 Mamalahoa Hwy, Suite A-11
Kamuela, HI 96743
Phone: (808) 887-8102 Fax No. (808) 887-8113

Kauai Family Guidance Center

3-3204 Kuhio Ave, Room 104
Lihue, HI 96766
Phone: (808) 274-3883 Fax No. (808) 274-3889

Maui Family Guidance Center

444 Hana Hwy, Room 202
Kahului, HI 96732
Phone: (808) 873-3362 Fax No. (808) 873-3364